**Meeting Summary**

**eHealth Technical Working Group**
**February 24, 2010 11:00-12:30PM**

Update on TWG participation and voting process

Scott Cebula informed the group that a proposal from the co-chairs will be sent via email later today to the larger group in response to the need to encourage participation by group members and to address issues surrounding quorum and voting. The email will explain newly proposed procedures related to these issues, and will invite TWG members to affirm their participation so that it will be clear who will be counted towards establishment of a quorum during meetings.

Review recent input from TAC

*Patient identification*

TAC was asked at its 2/23 meeting to provide guidance for TWG in its approach to working on patient identification issues. TAC was presented with two options:

- Option 1: Design a centralized "registry", "MPI", or similar resource for patient identification.
- Option 2: Accommodate patient-identification requirements in the design of other core and non-core services; then, consider whether sufficient commonality exists in these requirements to suggest a single, centralized patient-identification resource.

Both of these options were discussed at length during the TAC meeting, and both Walter and Rim Cothren recommended Option 2. In the end, TAC was not prepared to make a decision in favor of one option over another. Given the absence of TAC input, it is up to TWG to decide how it will proceed with this issue.

**Scott Cebula made a motion, which Jeff Evoy seconded, that TWG adopt Option 2 as a go-forward approach. There being no objections to the motion, consensus was achieved and the motion was passed.**

*Support for administrative transactions*

From the 2/9 TAC meeting, it was made clear that the focus should not be to build CS-HIE services to actually do eligibility checking, claims submission, etc. Instead, TWG was asked to consider how CS-HIE Core Services can support, interact with, and facilitate various 3rd-party resources for administrative transactions. These resources may include existing solutions such as clearinghouses, payer portals, etc., or envisioned resources such as an all-payer portal (which we began to discuss at last week's TWG call).

*All-payer portal*

Currently , providers use both EDI-based and web-based methods of communicating electronically with health plans. EDI transactions are utilized mostly by larger practices and provider organizations who have practice management systems interfaced with clearinghouses, while smaller practices tend not to have EDI capabilities and instead use a web browser to login to health plan web portals for transactions, e.g. looking up a single patient's eligibility status. In this latter case, providers must manage multiple user IDs and passwords for all of the health plans that they interact with through the web, which is burdensome and a deterrent to use.

There is an ongoing initiative within California to consider a mechanism, i.e. an all-payer portal, whereby access to the various health plan portals can be streamlined and consolidated. Readers are referred to

the 2/17 TWG meeting summary for a more detailed description of the all-payer portal (APP). Briefly, the APP hypothesized at last week's call consists of both an EDI engine component, which supports EDI transactions, and a portal server component, which supports transactions via web browser and web-based single sign-on functionality. The single sign-on capability would entail a third-party identity provider that maintains login information across multiple health plan portals and allows a user to login only once in order to access all of the portals. *Note that the intent is not for the state to build an all-payer portal, but to see how the technical architecture might interact with such a solution.*

In response to TAC's directive to the TWG, Walter posed to the group whether TWG should work towards enabling support of the technical architecture for both back-end EDI and web single sign-on channels of administrative transactions between providers and payers.

During the course of discussion, the following points were made:

- Whether the state could act as the identity provider to enable single sign-on for the APP is an open question, and one that merits further exploration in terms of technical feasibility. Even if technically feasible, this would require coordination with participating payers. TWG will need to ensure that the technical architecture is able to interact appropriately with the APP regardless of whether it acts as the identity provider or not.
- A clear need for the architecture to support batch EDI transactions was articulated.
    - Anthony Stever observed that in his experience with community clinics, batch transactions are routinely used and currently enabled through the purchase of additional modules for practice management systems, or through other 3rd party vendors who will process a file containing a list of patients to be seen the next day.
    - Jeff Evoy mentioned a new regulation, AB 1324, which now requires providers to re-verify eligibility within 48 hours prior to providing service. This places additional burden on providers and heightens the need for batch eligibility checking support.
- Efforts in other states, including Utah (UHIN) and Massachusetts (NEHEN), support both a web portal-based and EDI-based transactions in their solutions.
- It would be inappropriate for the technical architecture to define the technical specifications that would be required to interface with EDI and/or web-based single sign-on components. Such specification should be performed in concert with those whom the service is intended to benefit.

**Scott Cebula made a motion, seconded by Anthony Stever, that TWG adopt support of administrative EDI-based transactions as a primary and required capability of the technical architecture, and also support of administrative transactions involving web-based single sign-on to the greatest degree feasible. There being no objections, consensus was achieved and the motion was passed.**

*Lab results reporting and exchange of key clinical information*

The meaningful use functions of lab results reporting and exchange of key clinical information were identified by TAC as being of high priority to support through CS-HIE shared services. However, there not having been additional guidance from TAC regarding the exact nature of the desired services, Walter asked whether TWG should move ahead with conceptualizing potential services, or wait for further direction from TAC and in the meantime work on support for administrative transactions. The following points were raised:

- It would likely be helpful to TAC if it had discrete output to consider from TWG in the areas of lab results reporting and clinical information exchange.

- It will be important to include the perspective and input of those who will be responsible for using the services. This will help to ensure that the services designed actually meet their needs and are ultimately adopted.
- A high-level conceptualization of what services are being considered would be a valuable first action step, prior to focusing on the technical specifications of such services and engaging other stakeholders.
- In summarizing the group's comments, Walter proposed the following motion, which was seconded by Scott Cebula:

  **TWG will address the conceptualization of services to assist with electronic lab results delivery and exchange of key clinical information. This work will proceed in two phases:**
  - **Phase 1: Conceptualize and define services at a high, architectural level. Present these to TAC for consideration. If the ideas brought before TAC are supported, proceed to Phase 2.**
  - **Phase 2: Engage other stakeholders outside TWG relevant to the services proposed, and further define the technical specifications for these services.**

  There being no objections from participants, the motion was passed.

Comment from wiki regarding HITSP standards and technical architecture

Among the comments received thus far through the wiki about the draft technical architecture is a suggestion to promote HITSP standards as part of the architecture, as opposed to the current approach of including all standards recommended in the IFR released by ONC. The current approach is consistent with the stance that ONC has taken. Walter asked the group to comment on this suggestion. The following points emerged from discussion of the issue:

- The HITSP standards are a constrained set of what is currently proposed in the technical architecture. Thus, nothing in the proposed standards opposes HITSP standards, with the exception of support for CCR in addition to CCD. HITSP has excluded CCR from its set of supported standards.
- The general momentum appears to be towards CCD, with many vendors as well as federal government agencies (e.g., SSA, VA) moving towards support of this standard.
- NHIN has specified the use of HITSP C32 for clinical summary exchange. NHIN plans to support additional HITSP work products in the future as the specifications for additional transaction types are completed.
- One possible approach suggested by Scott Cebula would be to provide both primary and secondary levels of standards support, with the idea that the secondarily supported standards could cease to be supported in the future as the outcome of external developments becomes clearer.
- ONC has stated that it would like to narrow down its support to one set of standards over the next two years.
- Walter suggested that TWG could either specify the CCD standard at this point or wait for further developments at ONC before making any changes. Scott Cebula recommended that the standards supported by the technical architecture be left open as written at this time, and to narrow it down later in response to future developments. There were no additional comments from the other meeting participants.

Summary of Key Questions/Issues/Decision Points:

- TWG will address the issue of patient identification by following an approach that (1) accommodates patient-identification requirements in the design of other core and non-core services; and (2) considers whether sufficient commonality exists in these requirements to suggest a single, centralized patient-identification resource.
- TWG will adopt support of administrative EDI-based transactions as a primary and required capability of the technical architecture, and also support of administrative transactions involving web-based single sign-on to the greatest degree feasible.
  TWG will address the conceptualization of services to assist with electronic lab results delivery and exchange of key clinical information. This work will proceed in two phases:
  - Phase 1: Conceptualize and define services at a high, architectural level. Present these to TAC for consideration. If the ideas brought before TAC are supported, proceed to Phase 2.
  - Phase 2: Engage other stakeholders outside TWG relevant to the services proposed, and further define the technical specifications for these services.
- To what degree should the technical architecture go beyond ONC's broad specification of acceptable standards for HIE?

Next Steps:

- Workgroup member comments regarding the draft Operational Plan are due by 2/26 via the wiki.
- The next TWG meeting is scheduled for 3/3 11:00AM-12:30PM.

Members Present

| Name | Organization |
|---|---|
| Dave Bass | CA Dept. of Health Care Services |
| Jane Brown | Nautilus Healthcare Management Group |
| Scott Cebula | Independent |
| Basit Chaudry | National Coalition for Health Integration |
| Scott Christman | CA Dept. of Public Health |
| Paul Collins | CA Dept. of Public Health |
| Jeff Evoy | Sharp Community Medical Group |
| Jen Herda | Long Beach Network for Health |
| Alex Khayat | Huntington Hospital |
| Orlando Portale | Palomar Pomerado Health District |
| Anthony Stever | AWS Consulting / Redwood MedNet |
| Jim Thornton | MemorialCare |

Staff Present

| Name |
|---|
| Walter Sujansky |
| Tim Andrews |
| Peter Hung |